

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	H.S	866	09-30-001
RESPONSE FORMALITY REVIEW	A.M	J.C. 580	06-01-01

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
Final	Original
1 ✓	07/07/01
2 ✓	
3 ✓	
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Claim	Date
Final	Original
51 ✓	
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Claim	Date
Final	Original
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149 ✓	
150 ✓	

If more than 150 claims or 10 actions  
staple additional sheet here

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2/20/01